

**ANNEXURE A**



**GOVERNMENT OF WEST BENGAL**

**PENSION SCHEME UNDER STATE  
WELFARE SCHEME FOR PUROHITS**

**APPLICATION FORM**

*(To be filled in English Block Capital Letters Only)  
(Please Check Appropriate Boxes, wherever applicable)  
(\* Marked fields are mandatory)*

*Affix Self-Attested  
Passport Size  
Photograph*

**PERSONAL DETAILS**

	First Name	Middle Name	Last
<i>Name</i>			
Beneficiary Name*			
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
Date of Birth*	D D / M M / Y Y Y Y		
Age as on 01/01/2020		Years	

	First Name	Middle Name	Last
<i>Name</i>			
Fathers' Name*			
Mothers' Name*			

	First Name	Middle Name	Last
<i>Name</i>			
Spouse Name, if applicable			

**PERSONAL IDENTIFICATION NUMBER (S)**

Digital Ration Card No.*	
Aadhaar No., if available	
EPIC/Voter Id. No.*	
PAN, if available	

**ADDRESS & CONTACT DETAILS**

State*	W E S T B E N G A L
Assembly Constituency*	
District*	
Police Station*	





*Date:*

*(Signature with Stamp of Recommending  
Authority)*